

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

76A364C
20-0046 DPW 9/88

**APPLICATION FOR PERMIT
HEATING - VENTILATING - AIR CONDITIONING**

1

Policy No. _____ Company _____

- Certified copy is hereby furnished.
- Certified copy is filed with the county building inspection department.

Date _____ Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the work involved by the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date 12/20/89 Applicant American

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number 484627 Lic. Class C20

Contractor American Date 12/31/94

I am exempt under Sec. _____

B.&P.C. for this reason _____

_____ Date: _____

Signature _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

- I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).
- I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code).

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above mentioned property for inspection purposes.

Signature of Applicant or Agent Michael Danz Date 12/20/89

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN (PRINT OR TYPE ONLY)			BUILDING ADDRESS
NO.	TYPE OF APPLIANCE OR EQUIPMENT	FEE	<u>3414 White side ave</u>
	ABSORPTION UNIT, BTU _____		LOCALITY <u>East L.A.</u>
	AIR HANDLING UNIT, CFM _____		NEAREST CROSS ST. <u>East ave</u>
	BOILER, BTU _____		DISTRICT NO. <u>600</u> PROCESSED BY <u>[Signature]</u>
	COMPRESSOR, BTU _____		APPROVALS _____ DATE _____ INSPECTOR'S SIGNATURE _____
	VENTILATION SYSTEM _____		ROUGH _____ DATE <u>expired</u> _____
	EVAPORATIVE COOLER _____		FINAL _____ DATE <u>12/3/94</u>
	FURNACE: FAU _____ GRAVITY _____ FLOOR _____ BTU _____		VALIDATION
<u>1</u>	HEATER: SUSPENDED UNIT _____ WALL <u>30,000</u>	<u>1200</u>	
Plan check fee			
PERMIT ISSUING FEE \$			<u>1300</u>
TOTAL FEE			<u>2500</u>
PLAN CHECK APPLICANT			
NAME			
ADDRESS			
CITY		TEL. NO.	
OWNER <u>College</u>			
MAIL ADDRESS <u>1934 East Vista</u>			
CITY <u>Ontario</u>		TEL. NO. <u>714-986-8122</u>	
CONTRACTOR <u>American Heating</u>			
ADDRESS <u>116 S Monte Vista</u>			
CITY <u>Covina</u>		TEL. NO. <u>915-4096</u>	
STATE LICENSE NO. <u>484627</u>		LIC. CLASS <u>C20</u>	

INSPECTOR COPY

SEE REVERSE FOR EXPLANATORY LANGUAGE

1704

0812A
#00008
4-2500
2500
122089